

## WE HAVE CHECKED YOUR APPLICATION

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School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We checked the information you sent us to prove that **[name(s) of child(ren)]** is/are eligible for free or reduced price meals and have decided that:

- ☐ Your child(ren)'s eligibility has not changed.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because
  - \_\_\_ your income is within the free meal eligibility limits. Your children will receive meals at no cost.
  - \_\_\_ one or more of your children are categorically eligible based on FIP or Food Assistance enrollment. Your children will receive meals at no cost.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- ☐ Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price meals because:
  - \_\_\_ records show that no one in your household received Food Assistance or FIP.
  - \_\_\_ records show that the child(ren) is/are not homeless, runaway, or migrant.
  - \_\_\_ your income is over the limit for free or reduced price meals.
  - \_\_\_ you did not provide: \_\_\_\_\_
  - \_\_\_ you did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received Food Assistance or FIP benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]**, or **[e-mail]**.

Sincerely,  
**[signature]**

### Non-discrimination Statement: This explains what to do if you believe you have been treated

**unfairly.** "The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the department. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S. W., Washington D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

**Iowa Non-Discrimination Notice:** "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.7 and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; web site: <https://icrc.iowa.gov/>."